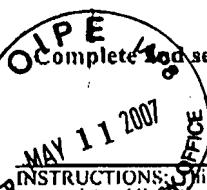


PART B - FEE(S) TRANSMITTAL



Complete send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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7390 04/17/2007

COASTAL SYSTEMS STATION
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BRENDA PHILLIPS	(Depositor's name)
<i>Brenda Phillips</i>	(Signature)
5-11-07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,476	11/10/2003	Jack Lloyd	95,767	8064

TITLE OF INVENTION: DIFFERENTIAL IMAGING METHOD AND SYSTEM

05/14/2007 102EKS2 00000037 500033 10706476

01 FC:1501 \$400.00 D.D.
02 FC:0001 12.00 D.D.

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	07/17/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
YE, LIN	2622	348-294000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> JAMES T. SHEPHERD
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> 2. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The United States of America as
represented by the Secretary of the Navy Washington, DC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 4

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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature JAMES T. SHEPHERD

Date 5/8/07

Typed or printed name JAMES T. SHEPHERD

Registration No. 43,917

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